2. Full name of child. To be answered 4. Twin, triplet or other	PLACE OF BIRTH	ARIZONA STA	TE BOARD OF	HEALTH	- 15 BAS
District of. Town of. City of	1. County of	BUREAU OF VITAL STAT	TSTICS St	ate Index No	116
City of Manual City of Month, and the place of abode of the form race (Usual place of abode) 10. Color or race (Usual place of abode) 11. Age at last birthday (Years) 12. Birthplace (city or place) (State or country) 13. Occupation Nature of industry No. 3 Jile Pull St. Month (St. Warner) 14. Full maiden so the state of	District of			:	420
City of Manage of child City of No. 1	Town of	Omdinat other of	7		
2. Full name of child	Mulima	No. 3/1- Lie	MR st	car wegistrar	Ward)
child only in event of plural births. 8. FATHER Full name 9. Residence (Usual place of abode) If nonresident, give place and State 10. Color or race (State or country) 12. Birthplace (city or place) (State or country) 13. Occupation Nature of industry 14. Full maiden for place of abode) If nonresident, give place and State 16. Color or race 17. Age at last birthday 18. Birthplace (city or place) (State or country) 19. Occupation Nature of industry 10. Number of children of this mother (Taken as of time of birth of child here- In certified and including this child.) 19. Occupation Nature of industry CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 1 hereby certify that I attended the birth of this child, who was 2 when there was no attending physician or midwife, then the father, householder, etc., should make that neither breathes nor shows other evidence of life after birth. Signature (City or place) (State or country) 19. Occupation Nature of industry Men there was no attending physician or midwife, then the father, householder, etc., should make that neither breathes nor shows other evidence of life after birth. Signature (City or place) (State or country) 19. Occupation Nature of industry Men there was no attending physician or midwife, then the father, householder, etc., should make the intermined the birth of this child, who was 2 when there was no attending physician or midwife, then the father, householder, etc., should make the birth of this child, who was 2 when there was no attending physician or midwife, then the father, householder, etc., should make the birth of this child. 3 Signature (Physiology or midwife) Address Filed LAMIS (Month, day, year)	Tigaduliu	é Inentes) If	child is not yet	named, make
Full maiden name 9. Residence (Usual place of abode) If nonresident, give place and State 10. Color or race 11. Age at last birthday (Years) 12. Birthplace (city or place) (State or country) 13. Occupation Nature of industry 14. Age at last birthday 15. Residence (Usual place of abode) If nonresident, give place and State 16. Color on race 17. Age at last birthday (State or country) 18. Birthplace (city or place) (State or country) 19. Occupation Nature of industry 20. Number of children of this mother (Taken as of time of birth of child here- in certified and including this child.) 19. Occupation Nature of industry 19. Occu	child ONLY in event of	Fine mate?	1 of 4 /	1/-2R (Mont	ih, day, year)
(Usual place of abode) If nonresident, give place and State 10. Color or race 11. Age at last birthday 12. Birthplace (city or place) (State or country) 13. Occupation Nature of industry 14. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) 15. Description 16. Color of the place and State 17. Age at last birthday 18. Birthplace (city or place) (State or country) 19. Occupation Nature of industry 19. Occupation Nature of industry 19. Occupation Nature of industry 10. Born alive and now living the place and State 11. Age at last birthday 12. Birthplace (city or place) (State or country) 13. Occupation Nature of industry 14. Age at last birthday 15. Age at last birthday 16. Color of the place and State 16. Color of the place and State 17. Age at last birthday 18. Birthplace (city or place) (State or country) 19. Occupation Nature of industry 19. Occupation Nature of industry 19. Occupation Nature of industry 10. Born alive and now living the but now dead. 10. Color of the place of abode) 11. Age at last birthday 12. Age at last birthday 13. Occupation Nature of industry 14. Age at last birthday 15. Age at last birthday 16. Color of the place of abode) 16. Color of the place of abode) 16. Color of the place of abode) 17. Age at last birthday 18. Birthplace (city or place) 18. Birthplace of industry 19. Occupation Nature of indust	Full (/	Full maiden	b orifac	ia Mo	utoja
12. Birthplace (city or place). (State or country) 13. Occupation Nature of industry 20. Number of children of this mother (Taken as of time of birth of child here in certified and including this child.) (A) Born alive and now living (b) Born alive but now dead (c) Stillborn or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Given name added from a supplemental report. (Month, day, year)	(Usual place of abode)	(Usual	place of abode)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
(State or country) 13. Occupation Nature of industry 20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE- 1 hereby certify that I attended the birth of this child, who was at monomore or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Given name added from a supplemental report. (Month, day, year) (State or country) 19. Occupation Nature of industry (b) Born alive but now dead. (c) Stillborn. (d) Born alive and now living (b) Born alive but now dead. (c) Stillborn. (d) Born alive but now dead. (d) Stillborn. (e) Stillborn. (f) Born alive but now dead. (d) Born alive but now dead. (e) Stillborn. (f) Born alive but now dead. (f) Stillborn. (h) Born alive but now dead. (h) Born alive but now dead. (c) Stillborn.	race MW	race	NUH 17. Age at	င်း last birthday	2/(Years)
Nature of industry 20. Number of children of this mother (Taken as of time of birth of child here in certified and including this child.) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE- 1 hereby certify that I attended the birth of this child, who was at months or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Given name added from a supplemental report. (Month, day, year)		/ A: A// II :	170	ring	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE- 1 hereby certify that I attended the birth of this child, who was at 3, m. on the date above some including physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Given name added from a supplemental report. (Month, day, year)	MANNE	<i>y</i>	M.	W.	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Given name added from a supplemental report. (Month, day, year) *When there was no attending physician or the date above supplemental report. *Signature (Bomaliye er stillborn) (Physician or midwife) Address (Physician or midwife) *Address (Physician or midwife)	20. Number of children of this mother (Taken as of time of birth of child here-	a) Born alive and now living $\mathcal{FM}_{(b)}$	Born alive but now d	ead. (c) S	tillborn
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Given name added from a supplemental report. (Month, day, year) Bornaliye er stillborn (Bornaliye er stillborn)			IAN OR MIDW	IFE•	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Given name added from a supplemental report. (Month, day, year) *Menthere was no attending physician or midwife. Signature (Physician or midwife) Address **Filed Jeff 3 , 19 22	I hereby certify that I attended the birtl	h of this child, who was		n. on the date a	above stated.
Given name added from a supplemental report (Month, day, year) Filed 12/13, 1922 S. Whatly (Month, day, year)	or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	Signature 9. J. Valler	yuela	ife)	
(Month, day, year)	Given name added from	- Val 1-13	1922 (A.	WHard	4.
Filed X Sounty Registr		$\mathcal{N} = \mathcal{N} = \mathcal{N}$, 1922 13	S Jocal	Registrar.